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CONFIRMATION NO. 4667

<b>SERIAL NUMBER</b> 10/807,993	<b>FILING OR 371(c) DATE</b> 03/23/2004 <b>RULE</b>	<b>CLASS</b> 544	<b>GROUP ART UNIT</b> 1624	<b>ATTORNEY DOCKET NO.</b> R0169B-REG
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## APPLICANTS

James Patrick Dunn, Los Altos, CA;  
Brian William Dymock, St. Albans, UNITED KINGDOM;  
Taraneh Mirzadegan, Los Altos, CA;  
Eric Brian Sjogren, Mountain View, CA;  
Steven Swallow, Los Altos, CA;  
Zachary Kevin Sweeney, Redwood City, CA;

## \*\* CONTINUING DATA \*\*\*\*\*

*DR* This appln claims benefit of 60/457,144 03/24/2003

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*None DR*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

06/04/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 0	TOTAL CLAIMS 51	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>DR</i>				

## ADDRESS

24372

## TITLE

Non-nucleoside reverse transcriptase inhibitors

<b>FILING FEE RECEIVED</b> 1414	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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